

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

GRISSEL RODRIGUEZ MEDINA

CASE 08-04091 GAC

DEBTOR

CHAPTER 13

**DEBTOR'S POST CONFIRMATION**  
**AMENDMENT OF CHAPTER 13 PLAN**

**TO THE HONORABLE COURT:**

COMES NOW, Debtor in the above-captioned case, hereby amends the Chapter 13 Plan in this case. The grounds for the modification of the plan is **to include post petition mortgage arrears with Doral Bank and arrears with Chapter 13 plan because Debtor had health problems and incurred in extraordinary expenses.** (See evidence attached)

**NOTICE**

"NOTICE IS HEREBY GIVEN TO ALL CREDITORS AND PARTIES IN INTEREST, THAT PURSUANT TO LOCAL BANKRUPTCY RULE 9013, IF NO RESPONSE IS FILED TO THIS MOTION WITHIN TWENTY (20) DAYS OF NOTICE HEREOF, THE COURT MAY APPROVE AND GRANT THE FOREGOING AMENDMENT OF THE PLAN WITHOUT ANY FURTHER HEARING."

**I hereby certify** that on this same date I electronically filed the above document with the Clerk of the Court using the CM/ECF System which sends notification of such filing to all those who have registered for receipt of notice by electronic mail. I further certify that the foregoing has been served to U.S. Trustee at [ustpreion21.hr.ecf@usdoj.gov](mailto:ustpreion21.hr.ecf@usdoj.gov), Chapter 13 Trustee, Alejandro Oliveras, at [aorecf@ch13sju.com](mailto:aorecf@ch13sju.com) and by depositing true and correct copies thereof in the United States Mail., to the non CM/ECF participants and parties in interest that have filed notices of appearance pursuant to G.O. 05-09, included in the service list attached to the original hereof.

**In Arecibo, Puerto Rico, this 10<sup>th</sup> day of December, 2008.**

**/s/Félix M. Zeno Gloró**  
**FELIX M ZENO GLORO**  
**USDC 124212**  
**BOX 1945 ARECIBO PR 00613**  
**TEL 879-1760; FAX 1-866-563-7136**  
**[tribunal@zenogloro.com](mailto:tribunal@zenogloro.com)**

United States Bankruptcy Court  
District of Puerto Rico

IN RE: GRISSEL RODRIGUEZ MEDINA

Case No. **08-04091 GAC**

Debtor(s)

Chapter

CHAPTER 13 PAYMENT PLAN

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee ☒ directly ☐ by payroll deductions as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.

PLAN DATED:

☐ PRE ☒ POST-CONFIRMATION

☒ AMENDED PLAN DATED: **December 16, 2008**

Filed by: ☒ Debtor ☐ Trustee ☐ Other

I. PAYMENT PLAN SCHEDULE

\$ In the first 5 months = \$ **340.00**  
\$ then **\$200.00** x **55** = \$ **11,000.00**  
\$ x = \$  
\$ x = \$  
\$ x = \$

TOTAL: \$ **11,340.00**

Additional Payments:

\$ to be paid as a LUMP SUM  
within with proceeds to come from:

☐ Sale of Property identified as follows:

☐ Other:

Periodic Payments to be made other than, and in  
addition to the above:

\$ x = \$

PROPOSED BASE: \$ **11,340.00**

III. ATTORNEY'S FEES  
(Treated as § 507 Priorities)

Outstanding balance as per Rule 2016(b) Fee  
Disclosure Statement: \$ **2,935.00** + \$ **350.00**

Signed:

Debtor

Joint Debtor

II. DISBURSEMENT SCHEDULE

A. ADEQUATE PROTECTION PAYMENTS OR \$

B. SECURED CLAIMS:

☐ Debtor represents no secured claims.

☒ Creditors having secured claims will retain their liens and shall be paid as follows:

1. ☒ Trustee pays secured ARREARS:

Cr. <b>DORAL</b>	Cr. <b>DORAL</b>	Cr.
# <b>2 PRE PET.</b>	# <b>POST PET.</b>	#
\$ <b>4,586.62</b>	\$ <b>1,046.96</b>	\$

2. ☐ Trustee pays IN FULL Secured Claims:

Cr.	Cr.	Cr.
#	#	#
\$	\$	\$

3. ☐ Trustee pays VALUE OF COLLATERAL:

Cr.	Cr.	Cr.
#	#	#
\$	\$	\$

4. ☒ Debtor SURRENDERS COLLATERAL to Lien Holder:

**SHARES WITH COOPACA**

5. ☐ Other:

6. ☒ Debtor otherwise maintains regular payments directly to:

**DORAL**

C. PRIORITIES: The Trustee shall pay priorities in accordance with the law.

11 U.S.C. § 507 and § 1322(a)(2) **IRS #1-4 \$1,054.42 HAC. #4 \$217.19**

D. UNSECURED CLAIMS: Plan ☐ Classifies ☒ Does not Classify Claims.

1. (a) Class A: ☐ Co-debtor Claims / ☐ Other:

☐ Paid 100% / ☐ Other:

Cr.	Cr.	Cr.
#	#	#
\$	\$	\$

2. Unsecured Claims otherwise receive PRO-RATA disbursements.

OTHER PROVISIONS: (Executory contracts; payment of interest to unsecureds, etc.)

Attorney for Debtor **FELIX M ZENO GLORO**

Phone: **(787)879-1760**

CHAPTER 13 PAYMENT PLAN

cjd

**INSTRUCCIONES POST-OPERATORIAS**  
**CIRUGÍA AMBULATORIA**

0004017597  
P. R. H. A. MEDICAL CENTER  
SALA DE OPERACIONES  
TEL. 787-251-1983  
FAX 787-251-1984

Fecha del Procedimiento:

3 de Oct

Hora:

1:10

☐ AM ☐ PM

Procedimiento Quirúrgico:

Abdominal + Cerebral, Histerectomía

Médico que lo realiza:

D. Otero Calu

☒ El paciente / Familia ha sido instruido y recibido una copia de este formato

Después de la Anestesia:

- ☒ General/Sedantes Intravenosos/Espinal. Posiblemente usted sienta mareos, dolor de cabeza y/o vómitos. No consuma bebidas alcohólicas durante las primeras 24 horas después de la Cirugía.  
No ejecute actividades que requieran estar alerta, tales como conducir automóvil, operar máquinas o equipos eléctricos y subir o bajar escaleras.
- ☒ Local: Puede que usted sienta adormecimiento en el lugar de la operación y/o sensación de incomodidad, a medida que pasa el efecto de la anestesia.

Actividades Físicas:

- ☒ Similar al de antes de la Cirugía
- ☒ Reposo durante las primeras 24 horas después de la intervención quirúrgica.
- ☒ No realizar esfuerzo físico por 7 días.
- ☐ Otros

Cuidado de la Intervención Quirúrgica:

Informe al médico si siente alguna incomodidad o si observa presencia de sangre o drenaje de líquido en el área de la herida.

- ☐ No cambie los apósitos (vendajes) antes de la primera visita médica post-operatoria
- ☐ Asegure los apósitos cuando sea necesario
- ☐ Cambie los apósitos (curación) cuando sea necesario
- ☐ Cambie el apósito 24 horas luego de la cirugía
- ☐ Limpie la herida con agua y jabón

La condición del paciente al momento del alta en el manejo del dolor es: ☒ Tolerante

Uso de Medicamentos:

- ☒ Si el dolor progresara y/o persiste consulte con su médico (nombre): D. Otero Calu
- Teléfono: 834-5170 o pasar por Sala de Emergencia
- Medicamentos: (Incluya nombre del medicamento, dosis vía y frecuencia) Moracet 2tbl  
7 a 4 hrs

Dieta:

- ☒ Comience con comidas líquidas durante las primeras 24 horas.
- ☐ Consuma los mismos alimentos que antes de la operación.

Otras Instrucciones:

Cita que sea D. Otero Calu en Manatí Medical Center para el día 10 de octubre a las 10:00 AM. No tomar alcohol ni drogas. Observar la herida y avisar si hay cambios. Pasar a Emergencia si hay cambios. Almendra Rodríguez

Firma Paciente / Familia

Firma Enfermero

**08-04091-GAC13** GRISSEL RODRIGUEZ MEDINA  
**Case type:** bk **Chapter:** 13 **Asset:** Yes **Vol:** v **Chief Judge:** GERARDO CARLO ALTIERI  
**Date filed:** 06/26/2008 **Plan confirmed:** 09/24/2008 **Date of last filing:** 12/15/2008

## Creditors

**CITIFINANCIAL**  
 7 CALLE MUNOZ RIVERA  
 LARES, PR 00669-2421

(2586700)  
 (cr)

**COOPACA**  
 COOP AHORRO Y CREDITO ARECIBO  
 PO BOX 1056  
 ARECIBO, PR 00613-1056

(2586701)  
 (cr)

**DEPARTAMENTO DE HACIENDA**  
 PO BOX 9024140  
 SAN JUAN, PR 00902-4140

(2586702)  
 (cr)

**Department of Treasury**  
 Bankruptcy Section (424-B)  
 PO Box 9024140  
 San Juan, PR 00902-4140

(2629056)  
 (cr)

**DORAL BANK**  
 PO BOX 71528  
 San Juan, PR 00936-8628

(2586703)  
 (cr)

**Doral Bank**  
 PO Box 70308  
 San Juan, PR 00936-8308

(2599713)  
 (cr)

**IRS-MERCANTIL PLAZA BUILDING**  
 2 PONCE DE LEON AVENUE, SUITE 1014

SAN JUAN, PR 00918-1693  
 Payments should be sent to:  
 Insolvency Remittance  
 PO Box 21125, Philadelphia, PA 19114-0325

(2586704)  
 (cr)

PACER Service Center			
Transaction Receipt			
12/16/2008 17:01:49			
<b>PACER Login:</b>	fz0002	<b>Client Code:</b>	
<b>Description:</b>	Creditor List	<b>Search Criteria:</b>	08-04091-GAC13 Creditor Type: All
<b>Billable Pages:</b>	1	<b>Cost:</b>	0.08